STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 15E245		LDING	00	COMPL 07/29/	
		100240	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	017237	2010
NAME OF F	PROVIDER OR SUPPLIE	R			86TH ST		
ST AUGI	JSTINE HOME FO	R THE AGED			APOLIS, IN 46260		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
F000000	TEGGETTORT OF			1110			5.112
	State Licensur	•	F00	00000			
	Survey dates: & 29, 2013	July 22, 23, 24, 25, 26,					
	Facility number Provider number:	oer: 15E245					
	Survey team: Gloria Bond, F Janet Stanton Michelle Hoste	, RN					
	Census bed ty NF 37 Residential 24 Total 61						
	Census payor Medicaid 35 Private 26 Total 61	type:					
	Residential Sa	imple: 8					
		ncies reflect state n accordance with 410					
	-	v was completed by RN on August 2, 2013.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

VVY211

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2013 FORM APPROVED OMB NO. 0938-0391

COMPLETED 07/29/2013
ODE
RECTION (X5) OULD BE PPROPRIATE COMPLETION DATE
3

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING COMPLETED			ETED	
		15E245	B. WING			07/29/	2013
NAME OF T					ADDRESS, CITY, STATE, ZIP CODE	-	
NAME OF P.	ROVIDER OR SUPPLIER	L		2345 W	86TH ST		
ST AUGUSTINE HOME FOR THE AGED			INDIAN	APOLIS, IN 46260			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PRECEDED BY FULL	F	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓΕ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCI)		DATE
F000279 SS=D	483.20(d), 483.20	PREHENSIVE CARE					
33-0	PLANS	REHENOIVE OAKE					
		e the results of the					
		evelop, review and revise					
	the resident's con	nprehensive plan of care.					
	T. 6. 33						
		develop a comprehensive h resident that includes					
		ctives and timetables to					
	-	medical, nursing, and					
		nosocial needs that are					
	identified in the co	omprehensive assessment.					
	The care plan mu	ist describe the services					
	•	nished to attain or maintain					
		hest practicable physical,					
		hosocial well-being as					
		183.25; and any services					
		vise be required under					
		not provided due to the se of rights under §483.10,					
		t to refuse treatment under					
	§483.10(b)(4).	to relace treatment ander					
	Based on recor	rd review and	F000)279	For resident #23 a Depakote le	evel	08/27/2013
		acility failed to develop			was drawn on 7-26-2013 which	h	
		ted to behaviors, or			showed the level to be low. The		
	•	stabilizer medication			physician is keeping the reside		
		s for 2 of 22 residents			on the same dose of Depakote and the use of this drug will be		
		are plans. (Resident#			noted in the Comprehensive ca		
	1 and Resident	•			plan as well as the behavior ca		
		,			plan. Resident #1 now has		
	Findings includ	۵.			routine blood work ordered and		
	i mangs madu	io.			the nurses are instructed to ch		
	1 The record r	eview for Resident #23			her behaviors especially when she is having anxiety attacks.		
					guidelines given at the nurses		
	•	on 7/24/13 at 10 A.M.			meeting in regards to behavior		
		uded, but were not			will be followed. Once a month	h	
	•	blood pressure,			the Behavior management		
	nypothyroidism	i, congenital heart			committee will meet with the		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CC	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BIIII	LDING	00	COMPLETED
		15E245	B. WIN			07/29/2013
					ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIEF	8			86TH ST	
ST AUGU	JSTINE HOME FOR	R THE AGED			APOLIS, IN 46260	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	anomaly, and	senile dementia.			Psychiatrist and discuss the	
					residents that are being seen t	
	The physician's	s orders for July 2013			day as well as any resident wh	no is
	indicated the re				currently showing behavioral changes. The Social worker w	uill livi
		antiseizure/mood			head the committee and the	VIII
	• •	cation) 125 milligrams			DON, ADON, MDS co-ordinate	or.
		,			Sister on the unit, a nurse on t	
	twice a day sin	ICE 0/13/12.			unit, a CNA from the unit as w	
	 				as family member if they so	
	•	entires addressed			desire will be members of this	
	issues that incl	uded, but were not			committee. The Social worker	
	limited to : sho	rt term memory, aspirin			will make note of behaviors sir	
	use and potent	tial bleeding, and			the last time the resident saw	the
		entry addressing			psychiatrist. A copy of the	
	Depakote was				Behavior Management Policy be faxed to you. During the ca	
	Departote was	not lound.			conference there will be a revi	
	la aa iatamia	with the Director of			of the care plan to be sure that	
		with the Director of			medications that need to be	`
	_	6/13 at 9 A.M., she			monitored are noted and	
		she had provided all of			reviewed for a gradual dose	
	the care plans	for Resident #23.			reduction The medical record	i
	There was no	care plan for Depakote			consultant will be here monthly	•
	and reason for	it being given and the			for the next three months and	will
		ated to the medication.			check to be sure that the care	1
					plans are meeting all federal a	
	3.1-35(a)				state regulations. She will give her findings in her exit meetin	
	0.1-00(a)				as well as her written report.	J
					first monthly visit was 8-22-20	
					and the next visit will be	
					9-19-2013, at that time she wil	ı İ
					give us the date for October.	
					will check those care plans that	at
					were done between her visits.	
					After the three months she will	
					make regular random checks	on
					her quarterly visits. Also all	ad
					residents will have routine bloo work ordered according to the	
					medications being used. This	
					I modications being used. Tills	

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CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN		00	COMPLI	ETED
	15F245	A BUILDIN				BIED
	15F245		NG		07/29/	2013
		B. WING	TDEET	DDDFGG GITY GTATE ZID GODE		
OVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
ST AUGUSTINE HOME FOR THE AGED				86TH ST		
STINE HOME FOR	THE AGED	l IIV	NDIANA	APOLIS, IN 46260		
SUMMARY ST	TATEMENT OF DEFICIENCIES	II	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PRE	EFIX	(EACH CORRECTIVE ACTION SHOULD BE	re	COMPLETION
REGULATORY OR	LSC IDENTIFYING INFORMATION)	TA	AG	DEFICIENCY)		DATE
2. The record for reviewed on 7/2 Diagnoses includimited to, uncondementia, insorporate. An initial psychological	for Resident #1 was 24/13 at 1:36 P.M. uded, but were not implicated senile imnia, and anxiety iniatric evaluation, 1/6/12, indicated the diagnosis of idementia with coance. A description avior disturbance was extent and severity of export of the penalty of export of the penalty iniatric texturbance was extent and severity of export of the penalty iniatric evaluation, 1/6/12, indicated iniatric evaluation			was reviewed at the nurses meeting as well as new guidelines went out to the nurse assuring that care plans would address any medication that needs montoiring. The QAA committee meeting is the 29th August and this will be brought before the committee. The nursing compotet has revised policies to assure that this doe not reoccur. The Behavior Committee will also be reviewing	ees of t	
recliids Acredbodthsd Aath	e. The record for eviewed on 7/2 Diagnoses including insortate. An initial psychological properties on 7 desident had a depression and pehavior disturbance of the d	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2. The record for Resident #1 was eviewed on 7/24/13 at 1:36 P.M. Diagnoses included, but were not mited to, uncomplicated senile lementia, insomnia, and anxiety tate. An initial psychiatric evaluation, completed on 7/6/12, indicated the esident had a diagnosis of lepression and dementia with behavior disturbance. A description of how the behavior disturbance was lisplayed, the extent and severity of the disturbance, or other signs and hymptoms to identify the behavior listurbance, was not found. An annual MDS (Minimum Date Set) hassessment, dated 5/29/13, indicated the resident had no psychosis, but had "Other behavioral symptoms not	executatory or LSC IDENTIFYING INFORMATION) 2. The record for Resident #1 was eviewed on 7/24/13 at 1:36 P.M. Diagnoses included, but were not mited to, uncomplicated senile dementia, insomnia, and anxiety state. An initial psychiatric evaluation, completed on 7/6/12, indicated the esident had a diagnosis of depression and dementia with dehavior disturbance. A description of how the behavior disturbance was displayed, the extent and severity of the disturbance, or other signs and symptoms to identify the behavior disturbance, was not found. An annual MDS (Minimum Date Set) issessment, dated 5/29/13, indicated the resident had no psychosis, but	executatory or LSC IDENTIFYING INFORMATION) 2. The record for Resident #1 was eviewed on 7/24/13 at 1:36 P.M. Diagnoses included, but were not mitted to, uncomplicated senile lementia, insomnia, and anxiety tate. An initial psychiatric evaluation, completed on 7/6/12, indicated the esident had a diagnosis of lepression and dementia with nehavior disturbance. A description of how the behavior disturbance was lisplayed, the extent and severity of the disturbance, or other signs and symptoms to identify the behavior listurbance, was not found. An annual MDS (Minimum Date Set) issessment, dated 5/29/13, indicated the resident had no psychosis, but	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Was reviewed at the nurses meeting as well as new guidelines went out to the nurse assuring that care plans would address any medication that needs montoiring. The QAA committee meeting is the 29th August and this will be brough before the committee. The nursing compotet has revised policies to assure that this doe not reoccur. The Behavior Committee will also be reviewed on 7/24/13 at 1:36 P.M. Diagnoses included, but were not mited to, uncomplicated senile lementia, insomnia, and anxiety tate. An initial psychiatric evaluation, completed on 7/6/12, indicated the esident had a diagnosis of lepression and dementia with hehavior disturbance. A description of how the behavior disturbance was lisplayed, the extent and severity of the disturbance, or other signs and symptoms to identify the behavior listurbance, was not found. An annual MDS (Minimum Date Set) issessment, dated 5/29/13, indicated the resident had no psychosis, but	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Was reviewed at the nurses meeting as well as new guidelines went out to the nurses assuring that care plans would address any medication that needs montoiring. The QAA committee meeting is the 29th of August and this will be brought before the committee. The nursing compotet has revised policies to assure that this does not reoccur. The Behavior Committee will also be reviewing this as the address the resident's behavior. PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG Was reviewed at the nurses meeting as well as new guidelines went out to the nurses assuring that care plans would address any medication that needs montoiring. The QAA committee meeting is the 29th of August and this will be brought before the committee. The nursing compotet has revised policies to assure that this does not reoccur. The Behavior Committee will also be reviewing this as the address the resident's behavior. PREFIX TAG Was reviewed at the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses meeting as well as new guidelines went out to the nurses assuring take policies to assure that this does not recoccur. The Parketon of the provision t

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	00	COMPL	
		15E245	B. WIN	G		07/29/	2013
NAME OF F	PROVIDER OR SUPPLIER	3	_	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
TWINE OF I	NO VIDEN ON SOIT EIEI				86TH ST		
ST AUGUSTINE HOME FOR THE AGED				INDIAN	APOLIS, IN 46260		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		d others" that occurred					
	•	in the previous 7-day					
	assessment pe						
		nptoms had "No impact					
		others." The resident					
		as not rejecting care, or					
	wandering.						
	The lub 2040	h physisian ardar reser					
	•	Sphysician order recap					
	l , ') sheet included the					
	_	cations and original					
	prescription da						
	• •	eroquel) 50 mg					
	bedtime	by mouth every night at					
	beduine						
	Δ Care Plan a	ddressing the specific					
		required the use of an					
		medication was not					
	found.	medication was not					
	iodila.						
	In an interview	on 7/26/13 at 9:30					
		stant Director of					
		ted she believed the					
		been addressed, but					
		review the Care Plan.					
	1100.0.10.10.10						
	On 7/29/13 at	9:00 A.M., the					
		ctor of Nursing provided					
		esident's current care					
		te that indicated a					
	-	Seroquel had been					
		6/28/12see page #7."					
	•	. •					
	The entry on p	age #7 of the Care					

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PRINTED: 09/03/2013 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	00	(X3) DATE SURVEY COMPLETED
12.212.11(15E245	A. BUILDING		07/29/2013
	1	B. WING	ADDRESS, CITY, STATE, ZIP CODE	1
NAME OF F	PROVIDER OR SUPPLIER		86TH ST	
ST AUGI	JSTINE HOME FOR THE AGED		APOLIS, IN 46260	_
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE
1710	Plan addressed "Resident is at risk	1710	<u> </u>	DATE
	for adverse side effects of			
	antipsychotic medication." All of the			
	interventions found in the care plan			
	related to evaluating the resident for			
	adverse side effects of the			
	medication. There were no entries			
	addressing the specific behaviors			
	displayed by the resident that			
	required the use of an anti-psychotic			
	medication, or how to intervene or			
	approach the resident when such			
	behaviors were displayed.			
	0.4.05(1.)(4)			
	3.1-35(b)(1)			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	LTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DDIC	00	COMPL	ETED
		15E245	A. BUIL B. WINC			07/29/	2013
			b. WINC		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER	L					
ST ALIGI	JSTINE HOME FOR	D THE AGED			86TH ST APOLIS, IN 46260		
	JOTINE HOME FOR	THE AGED			AI OLIS, III 40200		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
F000329	483.25(I)						
SS=E	DRUG REGIMEN						
	UNNECESSARY						
		rug regimen must be free y drugs. An unnecessary					
		when used in excessive					
		uplicate therapy); or for					
		on; or without adequate					
		hout adequate indications					
		ne presence of adverse					
		nich indicate the dose					
		d or discontinued; or any					
	combinations of the	he reasons above.					
	B						
	·	orehensive assessment of a					
		ity must ensure that ve not used antipsychotic					
		en these drugs unless					
	•	g therapy is necessary to					
		ondition as diagnosed and					
	•	e clinical record; and					
		e antipsychotic drugs					
	receive gradual d	ose reductions, and					
		entions, unless clinically					
		n an effort to discontinue					
	these drugs.						
		rvation, interview and	F000	0329	For resident #1 the nurses will		08/28/2013
	record review,	the facility failed to			follow the guidelines concerning	ıg	
	ensure a speci	fic diagnosis was			charting for behaviors. These		
	-	c behavior was			guidelines are that when a behavior occurs the charting w	ill	
	•	or behaviors were			be done under the behavior	1111	
	adequately mo				charting and the charting shou	ld	
	• •	racked to support the			continue every shift for one		
	•	• •			week. This goes also for a		
	• •	ropic medications. The			gradual dose reduction. The		
	•	attempt a GDR			behavior committee will meet		
	(Gradual Dose	•			prior to the psychiatrist monthly		
		nedications, or provide			visit in the morning and then in	l	
	specific resider	nt information related to			the afternoon with the	:111	
	any clinical cor	ntraindication to a dose			psychiatrist. The social worker	WIII	
					head the committee and will		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DA	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 00 COL	MPLETED	
15E245 A. BUILDING B. WING 07/	/29/2013	
STREET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER 2345 W 86TH ST		
ST AUGUSTINE HOME FOR THE AGED INDIANAPOLIS, IN 46260		
STAGGGSTINE HOME FOR THE AGED INDIANAFOLIS, IN 40200		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)	DATE	
reduction. Further, the facility failed maintain a separate care plan		
to ensure non-psychotropic book for behaviors. The behaviors will also be noted on		
medications were adequately the comprehensive care plan.		
monitored through laboratory blood The ADON will maintain a grid		
tests. This deficient practice affected that will help in following the		
7 of 10 residents reviewed for resident's progress. The medical		
Unnecessary Medication Use. record consultant will review		
(Pacidents #1 #3 #0 #15 #10 #23 these when she visits to assure		
(Residents #1, #3, #9, #15, #19, #23, that the notes are being done and		
and #32) communication is being given to		
the psychiatrist. If a behavior		
Findings include: does not occur every shift a		
health status note will be written linking it the behavior notes.		
1. The clinical record for Resident #1 Resident #15 Medical Doctor		
was reviewed on 7/24/13 at 1:36 P.M. reduced the Lexapro and in a		
Diagnoses included, but were not month's time will discontinue.		
limited to, uncomplicated senile Resident #19 expired on July		
dementia, hypertension, emphysema, 27th, 2013. Resident #32 had		
abrania abatruativa nulmanary		
chronic obstructive pulmonary because of adverse reaction		
disease, insomnia, anxiety state, and making her very hyper. Resident		
lumbago. An initial psychiatric requested that it be started		
evaluation, completed on 7/6/12, because it helped her appetite. Resident #3 her Celexa was		
indicated the resident had a diagnosis lower to 20mg instead instead of		
of depression and dementia with 30mg. Resident #9 was seen by		
behavior disturbance. A description the Psychiatrist and her Seroquel		
of how the behavior disturbance was was reduce to 50mg t.i.d instead		
displayed, the extent and severity of of 50mg q.am and at noon and a		
the disturbance, or other signs and		
reviewed all of the Bellavior Hotes		
disturbance, was not found. GDR as well as noting if the Behavior increased with the		
CDP. The Pohavier Committee		
An annual MDS (Minimum Date Set) will also address this issue. The		
assessment, dated 5/29/13, indicated Behavior Committee Policy is		
the resident had no psychosis, but being forwarded to you. as well as		
had "Other behavioral symptoms not the Behavior log. When the		
directed toward others" that occurred Social Worker does her Behavior		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A DIMI D	NDIG.	00	COMPL	ETED
		15E245	A. BUILD B. WING	MNG		07/29/	2013
				CTDEET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER							
CT ALICI	ICTINE LIONE FOI	DITUE ACED			86TH ST		
ST AUG	JSTINE HOME FOI	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	Pl	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	on 1 to 3 days	in the previous 7-day			Care Plan she will also insert i	t	
	assessment pe	eriod. These			into the Comprehensive Care		
	behavioral sym	nptoms had "No impact			plan. The Medical Record Consultant will reviewed the		
	on resident or	others." The resident			records of those having behav	viors	
	was identified	as not rejecting care, or			or a GDR. montly times three.		
	wandering.				Her first visit was on August 2		
					2013, Her next visit will be		
	The July 2013	physician order recap			September 19th, 2013 and at	that	
		sheet included the			time she will notified us of the		
	, · · · /				date of her visit for October. A	After	
	_	cations and original			this she will review random		
	prescription da	tes:			records on her quarterly visits. The QAA committee meets on		
					August29th, 2013 this will be	•	
	9/25/12Fluox	etine (Prozac) 40 mg.			reviewed with the committee a	and	
	(milligrams) 1 l	by mouth twice a day			a proposal made to see if it is		
	6/19/12Queti	apine (Seroquel) 50			practical to have the family sig	ın a	
	mg. 1 by mouth	h every night at			consent sheet when their love	d	
	bedtime	, 5			one has a mind altering drug		
		emide 40 mg. 1 by			ordered. Our Psychiatrist is		
	mouth twice a	•			eeing with the company she works for if she caqn change t	ho	
	inodui twice d	aay			existing form to have more de		
	Λ Λη initial as	angultant navahistria			as to why or why not a drug	tun.	
		onsultant psychiatric			needs to reduced.		
		7/6/12 indicated the					
		dmitted on Prozac (an					
	•	t medication) at a dose					
	of 20 mg. (milli	grams) daily. On that					
	date, following	the evaluation, the					
	dose was incre	eased to 30 mg. daily					
	because the re	esident reported to the					
		at "she feels depressed					
	and anxious at	•					
	2.14 2.17.1040 41						
	Δ nevehiatric fo	ollow-up visit was done					
		ne report indicated "Pt.					
	, ,	today. Staff reported					
	I Pt. has been d	epressed, having		l			I

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Event ID: VVY211

Facility ID: 000389

If continuation sheet Page 10 of 41

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E245			(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/29/2013
	PROVIDER OR SUPPLIED		STREET 2345 V	ADDRESS, CITY, STATE, ZIP CODE V 86TH ST NAPOLIS, IN 46260	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	admitted beingPt. says she age. No proble Increase Proza Documentation escalation in d that warranted anti-depressar found.	epressive symptoms an increase in the at medication was not sultant psychiatric			
	sleeping too me depressed. Do with sleep and 3/19/13"NursPt. denied be Denied being a with sleep and 5/21/13"Pt. s Nursing report problems with Each of the fol section for the to indicate "Plate Medications Report the visits, the cand underlined."	ing reported no issues eing depressed. anxious. No problem appetite" ays she is doing fine. ed no issues. No sleep and appetite" low-up reports had a consultant psychiatrist en: Psychotropic eviewed." At each of consultant had circled			

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Event ID: VVY211

Facility ID: 000389

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIP	LE CO	NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		00	COMPL	
		15E245	B. WING			07/29/	2013
MAMEOUR	DROWNER OF GIRDLIES		STR	EET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIE	X	234	15 W	86TH ST		
ST AUGU	JSTINE HOME FO	R THE AGED	INI	DIAN	APOLIS, IN 46260		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)	TAC	j	DEFICIENCY)		DATE
		lot indicated at this					
		Risk of relapse is to					
		rent benefits of					
		veigh risks at this time."					
		other specific resident					
	information to	-					
	information this	s decision was based					
	on, or how this	decision was					
	otherwise dete	ermined.					
	B. A diagnosis	s to support the use of					
	Quetiapine (Se	eroquelan					
	antipsychotic r	nedication), which was					
	ordered on 6/1	9/12, was not found.					
	A PASRR/MI (Preadmission					
	Screening Res	sident Review/Mental					
	_	I assessment was					
	•	1/2/13. The report					
	•	[nursing facility] staff					
		t's name] is generally					
	· -	exhibits behaviors with					
	l •	mments at times. She					
		no other behavioral					
	l '	agnosesMajor					
	-	nxiety, senile dementia.					
		ety most of her life. No					
	history of inpat	•					
		eeds Further Review:					
		onazepam and					
		•					
	•	h cognitive dysfunction;					
		ognitive problems with reduction trial."					
	Dour, consider	reduction that.					
	"Psychoactive	Medication Evaluation"					
	1						

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Event ID: VVY211

Facility ID: 000389

If continuation sheet Page 12 of 41

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED
		15E245	B. WIN			07/29/2013
NAME OF P	PROVIDER OR SUPPLIER	2			ADDRESS, CITY, STATE, ZIP CODE	
ST VIICI	JSTINE HOME FOR	D THE ACED			86TH ST APOLIS, IN 46260	
					AFOLIS, IN 40200	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION DATE
IAG		ed by the facility,		IAG	,	DATE
	indicated the fo					
	3/5/13	bliowing.				
		el, Klonopin, Prozac.				
		ementia with behavior				
	_	anxiety; insomnia.				
		ptoms warranting use				
	,	Depression, anxiety,				
		constantly pic"				
		havior per week1				
	•	documentation related				
	to the type of b					
		eduction12/27/12				
	_	uction was for the				
	,	None of the other				
		ere considered for				
	GDR)					
	,					
	5/28/13					
	DrugSeroque	el, Klonopin, Prozac.				
	DiagnosesDe	ementia with behavior				
	disturbances, a	anxiety, insomnia.				
	Behaviors/sym	ptoms warranting use				
		-sadness, anxiety.				
	(The sections f	for last dose reduction				
	or psychiatric s	services was blank)				
		progress notes				
	indicated the fo	•				
	3/6/13"Follow					
		name]; her Klonopin				
	_	duced on 12/27/12 due				
		omnolence. PRN [as				
	_	for Lorazepam was				
	discontinued 1:	2/28/12 due to				

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Event ID: VVY211

Facility ID: 000389

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NAME OF PROVIDER OR SUPPLIER ST AUGUSTINE HOME FOR THE AGED NAME OF PROVIDER OR SUPPLIER ST AUGUSTINE HOME FOR THE AGED SIMMARY STATIMENT OF DEFICIENCES. TAG REGULATORY OR LSC IDENTIFYING INFORMATION) INDIANAPOLIS, IN 46280 NON-USE." 5/29/13"continues to be followed by Dr. [psychiatrist's name] for psychotropic medication management; last seen on 5/20/13. Nursing notes indicate no mood or behavioral changes." Documentation related to type of behaviors, the extent, severity, or quantitative number of episodes, to support the use of the anti-psychotic medication was not found. In an interview on 7/26/13 at 9:30 A.M., the Assistant Director of Nursing indicated the facility used to keep a paper log for monitoring behaviors. After switching to an electronic health record system for some of their documentation, behaviors were documented in the nursing progress notes. She indicated she read through the notes, but did not track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior anagement. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MUL	TIPLE CO	NSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER ST AUGUSTINE HOME FOR THE AGED IXA-ID SUMMARY STATEMENT OF DEFICIENCIES PREFEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG INDIANAPOLIS, IN 46260 IXA-ID REGILATORY OR ISCIDENTIFYING INTORMATION) TAG INDIANAPOLIS, IN 46260 ID PROPRIES STAN OF CORRECTIVA ACTERN SIDELLE SERVICES (COMPLETION ACTERN SIDELLE SERVICES) TAG INDIANAPOLIS, IN 46260 ID PROPRIES STAN OF CORRECTIVA ACTERN SIDELLE SERVICES (COMPLETION ACTERN SIDELLE SERVICES) TAG INDIANAPOLIS, IN 46260 ID PROPRIES STAN OF CORRECTIVA ACTERN SIDELLE SERVICES (COMPLETION ACTERN SIDELLE SERVICES) TAG INDIANAPOLIS, IN 46260 ID PROPRIES STAN OF CORRECTION ACTERN SIDELLE SERVICES (COMPLETION ACTERN SIDELLE SERVICES) TAG INDIANAPOLIS, IN 46260 ID PROPRIES STAN OF CORRECTION ACTERN SIDELLE SERVICES (COMPLETION ACTERN SIDELLE SERVICES) TAG INDIANAPOLIS, IN 46260 ID PROPRIES STAN OF CORRECTION ACTERN SIDELLE SERVICES (COMPLETION ACTERN SIDELLE SERVICES) TAG INDIANAPOLIS, IN 46260 INDIANAPOLIS,	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	ING	00		
STAUGUSTINE HOME FOR THE AGED IX4 ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOR psychiatrist's name if or psychotropic medication management; last seen on 5/20/13. Nursing notes indicate no mood or behavior(s), the extent, severity, or quantitative number of episodes, to support the use of the anti-psychotic medication was not found. In an interview on 7/26/13 at 9:30 A.M., the Assistant Director of Nursing indicated the facility used to keep a paper log for monitoring behaviors. After switching to an electronic health record system for some of their documentation, behaviors were documented in the nursing progress notes. She indicated she read through the notes, but did not track or summarize the types of behavior didnot track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not			15E245				07/29/	2013
Indianapolis, in 4e260 Indianapolis, in 4e	NAME OF P	ROVIDER OR SUPPLIER						
SUMMARY STATEMENT OF DEFICIENCIES PREFEX TAG CACH DEFICIENCY MIST BE PRECEDED BY FULL TAG NON-USE." 5/29/13"continues to be followed by Dr. [psychotropic medication management, last seen on 5/20/13. Nursing notes indicate no mood or behavioral changes." Documentation related to type of behavior(s), the extent, severity, or quantitative number of episodes, to support the use of the anti-psychotic medication was not found. In an interview on 7/26/13 at 9:30 A.M., the Assistant Director of Nursing indicated the facility used to keep a paper log for monitoring behaviors were documented in the nursing progress notes. She indicated she read through the notes, but did not track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not	OT 41101	IOTINE LIONE FOR	THE AGED					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	ST AUGU	JSTINE HOME FOR	R THE AGED			APOLIS, IN 46260		
non-use." 5/29/13"continues to be followed by Dr. [psychiatrist's name] for psychotropic medication management; last seen on 5/20/13. Nursing notes indicate no mood or behavioral changes." Documentation related to type of behavior(s), the extent, severity, or quantitative number of episodes, to support the use of the anti-psychotic medication was not found. In an interview on 7/26/13 at 9:30 A.M., the Assistant Director of Nursing indicated the facility used to keep a paper log for monitoring behaviors. After switching to an electronic health record system for some of their documentation, behaviors were documented in the nursing progress notes. She indicated she read through the notes, but did not track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not								` ′
non-use." 5/29/13"continues to be followed by Dr. [psychiatrist's name] for psychotropic medication management; last seen on 5/20/13. Nursing notes indicate no mood or behavioral changes." Documentation related to type of behavior(s), the extent, severity, or quantitative number of episodes, to support the use of the anti-psychotic medication was not found. In an interview on 7/26/13 at 9:30 A.M., the Assistant Director of Nursing indicated the facility used to keep a paper log for monitoring behaviors. After switching to an electronic health record system for some of their documentation, behaviors were documented in the nursing progress notes. She indicated she read through the notes, but did not track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not		*				CROSS-REFERENCED TO THE APPROPRIAT	Ē	
5/29/13—"continues to be followed by Dr. [psychiatrist's name] for psychotropic medication management; last seen on 5/20/13. Nursing notes indicate no mood or behavioral changes." Documentation related to type of behavior(s), the extent, severity, or quantitative number of episodes, to support the use of the anti-psychotic medication was not found. In an interview on 7/26/13 at 9:30 A.M., the Assistant Director of Nursing indicated the facility used to keep a paper log for monitoring behaviors. After switching to an electronic health record system for some of their documentation, behaviors were documented in the nursing progress notes. She indicated she read through the notes, but did not track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not	TAG		LSC IDENTIFY ING INFORMATION)	 	IAG	DEFICIENCE)		DATE
by Dr. [psychiatrist's name] for psychotropic medication management; last seen on 5/20/13. Nursing notes indicate no mood or behavioral changes." Documentation related to type of behavior(s), the extent, severity, or quantitative number of episodes, to support the use of the anti-psychotic medication was not found. In an interview on 7/26/13 at 9:30 A.M., the Assistant Director of Nursing indicated the facility used to keep a paper log for monitoring behaviors. After switching to an electronic health record system for some of their documentation, behaviors were documented in the nursing progress notes. She indicated she read through the notes, but did not track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not		non-use."						
indicated she read through the notes, but did not track or summarize the types of behaviors displayed. She was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not		by Dr. [psychial psychotropic mmanagement; I Nursing notes is behavioral charmonic behavior(s), the quantitative nursupport the use medication was In an interview A.M., the Assist Nursing indicate keep a paper Ich behaviors. After electronic health some of their dispersion of their dis	trist's name] for sedication ast seen on 5/20/13. Indicate no mood or inges." I related to type of extent, severity, or imber of episodes, to exist of the anti-psychotic is not found. On 7/26/13 at 9:30 istant Director of eed the facility used to be for monitoring er switching to an the record system for ocumentation, existed to the facility used in the edocumented in the					
was not sure who might be responsible for that process, and the facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not		indicated she rebut did not trac	ead through the notes, k or summarize the					
facility did not have a program for behavior management. She indicated she had been working with the psychiatrist on GDRs for some residents, but this resident was not		was not sure w	ho might be					
she had been working with the psychiatrist on GDRs for some residents, but this resident was not		facility did not h	nave a program for					
psychiatrist on GDRs for some residents, but this resident was not			_					
			•					
one of them.		. ,						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	Δ RIII	LDING	00	COMPL	ETED
		15E245	B. WIN			07/29/	2013
					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER	t.			86TH ST		
ST AUGU	JSTINE HOME FOR	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE
	C. On 9/27/12 order for Furos diuretic used for with congestive hypertension) at twice a day, for 80 mg. The "Drug Info Nursing," 8th Epeople who reconstructed be more and electrolyte including period Urea Nitrogen) electrolyte laborates to check lelectrolytes was A BMP (Basic done 1/19/13. In an interview A.M., R.N. #3 in have to look at (to check for la Lasix). She into Nursing and As Nursing would since "they har	the physician gave an semide (Lasixa or edema associated e heart failure or 40 mg. one by mouth r a total daily dose of the series of the se					
	ın an interview	on 7/25/13 at 10:55					

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Event ID: VVY211

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E245		A. BUI	LDING	NSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/29/2013	
		136243	B. WIN		DDDEGG CITY OTATE TID CODE	0112912013
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP CODE 86TH ST	
ST AUGI	JSTINE HOME FO	R THE AGED			APOLIS, IN 46260	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	`	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE COMPLETION DATE
ing	A.M., the Direct	*		1710	<u> </u>	DATE
	indicated routin	•				
		not come through on				
		and she would have to				
	review the cha					
	In an interview	on 7/25/13 at 12:30				
	P.M., the Direct	ctor of Nursing				
	indicated she h	nad reviewed the				
	resident's reco	ord back to admission				
		dent never had a				
		duled lab to monitor for				
		e test done in January,				
		sponse to a change in				
	the Klonopin d	osage.				
	2 The record	for Docident #0 was				
		for Resident #9 was /13 at 10:14 A.M.				
		luded, but were not				
		ressive disorder,				
	•	macular degeneration,				
	dysphagia, per	_				
	, , , , , ,	dementia with behavior				
	-	A description of how the				
		rbance was displayed,				
		severity of the				
		r other signs and				
	symptoms to id	dentify the behavior				
	disturbance, w	as not found.				
	A quarterly ME	OS (Minimum Data Set)				
	=	ated 6/19/13, indicated				
		ad no psychosis, no				
		resistance to care, and				
	no wandering.					

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Facility ID: 000389

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	ETED
		15E245	B. WIN	lG		07/29/	2013
NAME OF E	PROVIDER OR SUPPLIE	D	•	STREET A	ADDRESS, CITY, STATE, ZIP CODE	•	
NAME OF F	ROVIDER OR SUFFEIE	K		2345 W	86TH ST		
ST AUGI	JSTINE HOME FO	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	The July, 2013 (recapitulation for the followin 11/9/05Fluox antidepressan (milligrams) or daily. 12/29/09Que anti-psychotic one by mouth (scheduled for 5/18/12Quetimg. one by mouth (scheduled for 5/18/12Quetimg. one by mouth and 2 P.f. A. On 11/9/05-an antidepresmg. (milligram mouth daily was physician. Documentation severity, or mouth the properties of device was not found Dose Reduction resident information it was a severity was not found the properties of the pro	B physician order recap) sheet included orders ig medications: ketine (Prozacan it medication) 10 mg. he capsule by mouth etiapine (Seroquelan medication) 100 mg. every evening 8:00 P.M.) iapine (Seroquel) 50 buth twice a day at 10 M. 6, Fluoxetine (Prozac- esant medication) 10 s) one capsule by as ordered by the In related to the extent, contoring and tracking the number of expressive symptoms In A GDR (Gradual con) attempt, or specific mation related to the					
	report, dated 5	sychiatrist progress 5/16/12, listed the sage, but had no other					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	
		15E245	B. WIN			07/29/	2013
NAME OF F	PROVIDER OR SUPPLIER	2			ADDRESS, CITY, STATE, ZIP CODE		
ST ALICI	JSTINE HOME FOI	D THE ACED			86TH ST APOLIS, IN 46260		
				l	AFOLIS, IN 40200		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION DATE
1710		addressing extent and		1710			Ditte
		depressive symptoms.					
The report indicated "Nursing							
	•	atient] continues to be					
		priate verbalizations.					
		doing fine, but					
		n making statements					
		questions. No					
	problem with s	leep or appetite." In					
	the section for	"Plan: Psychotropic					
	Medications R	eviewed. Dosage					
	Reduction,"	the psychiatrist had					
	circled and und	derlined a pre-printed					
	statement of "[GDR] Is Not indicated					
		eason: Risk of relapse					
		, current benefits of					
		eigh the risks at this					
		as no other specific					
		ation to indicate which					
		s statement referred to,					
	•	t information this					
		ased on, or how this					
	decision was d	therwise determined.					
	Follow up con	sultant nevehiatrict					
		sultant psychiatrist s, dated 11/29/12 and					
	. •	he Prozac medication,					
		he resident denied					
		ed, was doing O.K.,					
		ns with sleep or					
	•	s having any behavior					
		progress note indicated					
		t indicated for the					
		listed on the 5/16/12					
		as no other specific					
		•					

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Event ID: VVY211 Facility ID: 000389

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, ,			(X2) MU	LTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILI	DING	00	COMPL	
		15E245	B. WING	;		07/29/	2013
NAME OF P	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
					86TH ST		
ST AUGU	JSTINE HOME FOR	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	F	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΤE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		ation to indicate which					
		statement referred to,					
	•	information this					
		ased on, or how this					
	decision was o	therwise determined.					
	B. On 12/29/0	•					
	(Seroquelan						
	medication) 10	0 mg. one by mouth					
	every evening	(scheduled for 8:00					
	P.M.) was orde	ered. On 5/18/12-					
	-Quetiapine (S	eroquel) 50 mg. one by					
	mouth twice a	day at 10 A.M. and 2					
	P.M. was order	red.					
	The resident ha	ad a diagnosis of					
	dementia with	behavior disturbance.					
	A specific desc	ription of how the					
	behavior distur	bance was displayed,					
	the extent and	severity of the					
	disturbance, or	other signs and					
	symptoms to ic	lentify the behavior					
	disturbance, w						
	Documentation	related to type of					
		e extent, severity, or					
	` '	mber of episodes, to					
	· ·	e of the anti-psychotic					
	medication was						
	A pharmacy co	nsultant "Note to					
	, ,	sician/Prescriber" form,					
	dated 11/13/12						
		ne current dose of					
		to consider a gradual					
		sician was requested					
	Laper. The phy	ololari was requested					

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Event ID: VVY211

Facility ID: 000389

If continuation sheet Page 19 of 41

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE ((X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		15E245	B. WING		07/29/2013
NAME OF F	PROVIDER OR SUPPLIEI	R	STREET	ADDRESS, CITY, STATE, ZIP CODE	
				W 86TH ST	
ST AUGI	JSTINE HOME FO	R THE AGED	INDIA	NAPOLIS, IN 46260	
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG		R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
		ck the appropriate			
	response and				
		requested." Five			
		tions were provided on			
		physician responding			
		ption which stated			
		ot well controlled/stable			
		n is likely to impair the			
		tion and/or cause			
		tability. (Please			
		patient specific			
	,	Additional resident			
	specific inform documented.	ation was not			
	documentea.				
	"Peychoactive	Medication Evaluation"			
		ted by the facility,			
	indicated the fo	•			
	3/20/13	onowing.			
	Drug: Fluoxeti	ine Seroquel			
	Diagnosis war	•			
	_	ementia with Behavior			
	•	ehaviors/Symptoms			
		e of medication:			
	"Sadness; inar				
		resistant w"			
	1	ehavior per week: 1			
	6/13/13-				
	Drug: Fluoxeti	ine. Seroquel			
	Diagnosis war				
	_	ementia with Behavior			
	Disturbance				
		ptoms warranting use			
	1	Sadness, inappropriate			
	l	: 11 1			

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Event ID: VVY211

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUI	LDING	00	COMPLE	ETED
		15E245	B. WIN			07/29/2	2013
					ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF P	PROVIDER OR SUPPLIER	₹		2345 W	86TH ST		
ST AUGU	JSTINE HOME FOI	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	verbiage						
	Episodes per v						
		sident will call out to					
		s telling them they are					
	ugly, and or st	upid. She might call					
	them names."						
	There were no	dates listed for last					
	dose reduction	ı; and no other					
		ated extent, severity, of					
		of episodes of specific					
	behaviors disp						
	benaviors disp	layea.					
	A Nursing Sum	nmary, dated 6/20/13,					
	-	pehaviors present;					
	Behavioral syn	•					
	exhibited."	inplome. Hone					
	exhibited.						
	Social Service	progress notes					
	indicated:						
	12/20/13: "no l	oehavioral changes"					
		ing notes do not					
		ood or behavioral					
	1	uring assessment					
	period"	and accomment					
	•	fo about behaviors);					
	·	d and demeanor					
	i nuctuate, sne (can be redirected"					
	On 7/24/13 9:3	86 A.M., the resident					
		sitting in the hallway					
		S the (nursing station),					
		` •					
		esident next to her.					
		ng and pleasant. At					
	9:45 A.M., the	nurse was adjusting					

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Event ID: VVY211

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		15E245	B. WING		07/29/2013
NAME OF P	PROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZIP	CODE
OT ALIO	ICTINIC LIONAC COS			W 86TH ST	
	JSTINE HOME FOR	T THE AGED		ANAPOLIS, IN 46260	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	
PREFIX TAG	``	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	
TAG		*	TAG	DEFICIENCE ()	DATE
		eg wraps while she			
	was sitting in the lounge area. The resident was observed to sit quietly,				
		• •			
	conversing softly and pleasantly with the nurse.				
	tile fluise.				
	Documentation	related to type of			
		e extent, severity, or			
	` '	mber of episodes, to			
	· ·	e of the anti-psychotic			
	medication was				
	modiodilon na	o not round.			
	In an interview	on 7/26/13 at 9:30			
		tant Director of			
	•	ed the facility used to			
	_	og for monitoring			
		er switching to an			
		th record system for			
	some of their d	_			
		e documented in the			
	nursing progres				
	• • •	ead through the notes,			
		k or summarize the			
	types of behav	iors displayed. She			
	was not sure w				
		that process, and the			
	•	nave a program for			
	behavior mana	gement. She indicated			
	she had been v	working with the			
		GDRs for some			
	residents, but t	his resident was not			
	one of them.				
	3. The clinical	record for Resident			
	#19 was reviev	ved on 7/25/13 at 1:02			

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Event ID: VVY211

Facility ID: 000389

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E245		A. BUILDI		NSTRUCTION 00	(X3) DATE S COMPL 07/29/	ETED	
			B. WING	STREET A	DDRESS, CITY, STATE, ZIP CODE	011201	2010
NAME OF F	PROVIDER OR SUPPLIER		2	2345 W	86TH ST		
	JSTINE HOME FOR	R THE AGED		NDIANA	APOLIS, IN 46260		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL		ID EFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	,	LSC IDENTIFYING INFORMATION)		ΓAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
		es included, but were					
		SDAT (senile dementia-					
	On 3/19/13, the	pe), and anxiety state.					
	•	icated the resident was					
		on 6/21/13, added a					
	diagnosis of de	ementia with delusions.					
	The July 2013	physician order recap					
	_	sheet included the					
	following medic						
		apine (Seroquel) 25					
		s)give two 1/2 tabs tal dose 25 mg					
	_	apine (Seroquel) 25					
		2.5 mg.) by mouth daily					
	PRN (as neede	ed)					
	The guarterly N	MDS (Minimum Data					
		nt, dated 6/24/13,					
	indicated the re						
		pehavior, no rejection					
	of care, and no	wandering.					
	"Psychoactive	Medication Evaluation"					
		ed by the facility					
	indicated the fo	ollowing:					
	3/20/13 Drug: Celexa, \$	Seroquel					
	Diagnosis warr	•					
	depression, SE	OAT with behavior					
	disturbance.						
	_	ptoms warranting use sadness, anxiety,					
		eased wife. Episodes					
	l looking for dec	casca wiic. Episoacs					

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Event ID: VVY211

Facility ID: 000389

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	STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E245		(X2) MULTIPLE C A. BUILDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/29/2013
			B. WING STREET	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF I	PROVIDER OR SUPPLIEI	₹		V 86TH ST	
ST AUGI	USTINE HOME FO	R THE AGED	INDIA	NAPOLIS, IN 46260	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
TAG	per week: 3 Comments: "comments: "comments: "comments: "comments and was able to. Has pagitation." 6/13/13 Drug: Celexa, Diagnosis ward Depression, Signosis ward medication: anxiety Episodes of best Social Service indicated the form (psychiatrist); to change was to to 2 times daily 3/20/13"They resident will at and family yard family	continue behaviors; sing we are poisoning cations. Attempting to alk when resident is not eriods of anxiety and Seroquel, Buspar ranting use: DAT with behavior aptoms warranting use Sadness, delusions, chavior per week2 progress notes collowing: was recently seen by the only medication increase his Namenda /" a [staff] indicated times recognize staff yells out throughout the not identify his agitation in he is given pain he does become by psychiatrist) on 3/19 nge in his Seroquel ursing notes indicate	TAG	DEFICIENCY)	DATE
	during this ass	havioral episodes essment."			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	00	(X3) DATE : COMPL		
THIE TEAT	or condition	15E245		LDING		07/29/	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE	020	
NAME OF F	PROVIDER OR SUPPLIER				86TH ST		
ST AUGI	JSTINE HOME FOR	R THE AGED			APOLIS, IN 46260		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
TAG		*		TAG	Dia teliate i y		DATE
		npted GDR 2/7/13 of not successful. He had					
	become increa						
	anxious, and re						
	Documentation	related to the specific					
		ior(s) displayed, the					
		, or quantitative					
	number of epis	odes, to support the					
	use of the anti-	psychotic medication					
	was not found.						
		on 7/26/13 at 9:30					
	· ·	tant Director of					
	_	ed the facility used to					
		og for monitoring					
		er switching to an					
	some of their d	th record system for					
		e documented in the					
	nursing progres						
	• • •	ead through the notes,					
		k or summarize the					
		iors displayed. She					
	was not sure w						
		that process, and the					
	•	nave a program for					
	behavior mana	gement.					
		record for Resident					
		ved on 7/25/13 at 9:49					
	_	es included, but were					
		cerebral vascular					
	disease with he	. •					
	non-dominant s	side, depressive					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED
		15E245	B. WIN	G		07/29/2013
NAME OF P	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE	
					86TH ST	
ST AUGU	JSTINE HOME FOR	R THE AGED		INDIAN	APOLIS, IN 46260	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF T	
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	· ·	lementia without				
	behavioral dist	urbance.				
	0- 4/00/07 #-	44				
		e attending physician				
		lopram (Lexaproan				
	•	medication) 10 mg.				
	(milligrams) on	e by mouth daily.				
	The guesterly N	MDS (Minimum Data				
		•				
	indicated the re	nt, dated 6/19/13,				
	no behaviors.	ood, no psychosis, and				
	no benaviors.					
	"Developetive	Medication Evaluation"				
		ed by the facility,				
	indicated the fo					
	3/20/13	mownig.				
	Drug: Lexapro					
		anting the use.:				
	Depression	anding the use				
	•	toms warranting use of				
	medication: Sa	•				
		havior per week: 0				
	•	date listed for the last				
	`	on, if any had been				
	_	on, if any flad been or any psychiatric				
	services involv	• . •				
	GOLVICOS ILIVOIV	cu.,				
	6/13/13The s	ame information was				
	recorded. The					
		of a recommendation				
	or request for (
	or request for c	obit attempt.				
	Documentation	related to type of				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2013 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E245	(X2) MU A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE COMPL 07/29/	ETED	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 2345 W 86TH ST INDIANAPOLIS, IN 46260					
(X4) ID	JSTINE HOME FOR	TATEMENT OF DEFICIENCIES		ID INDIANA	·		(X5)	
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION DATE	
TAG	behavior(s), the quantitative nu support the coranti-depressant found. In an interview A.M., the Assis Nursing indicate keep a paper to behaviors. After electronic healt some of their dispensions were nursing progressindicated she rebut did not tract types of behaviors was not sure were ponsible for	e extent, severity, or mber of episodes, to ntinued use of the t medication was not on 7/26/13 at 9:30 tant Director of ed the facility used to og for monitoring er switching to an th record system for ocumentation, e documented in the ess notes. She ead through the notes, k or summarize the fors displayed. She		TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	DATE	
	behavior mana she had been was completed Diagnoses inclimited to, high	gement. She indicated working with the GDRs for some his resident was not eview for Resident #23 on 7/24/13 at 10 A.M. uded, but were not blood pressure, i., senile dementia,						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		15E245	B. WING		07/29/2013
NAME OF P	PROVIDER OR SUPPLIE	R	STREET A	ADDRESS, CITY, STATE, ZIP CODE	
				86TH ST	
ST AUGU	JSTINE HOME FO	R THE AGED	INDIAN	APOLIS, IN 46260	
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	l `	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE
TAG		R LSC IDENTIFYING INFORMATION)	TAG	DETCIENCT)	DATE
	•	and cardiac murmur.			
		as admitted 8/13/12.			
	On 11/20/12, t	led diagnosis of			
	dementia with	•			
	dementia with	ραιαιισία.			
	The admission	evaluation and interim			
		d 8/13/12 had a section			
	•	edical history. The			
		ed the resident had			
		n, cardiovascular			
	1	entia, and arthritis.			
	· ·	ection available to write			
		ation and nothing was			
	documented.	3			
	The physician'	s orders for July 2013			
	indicated the r	esident was on			
	Seroquel (an a	antipsychotic			
	medication) 12	2.5 milligrams twice a			
	day since 11/1	9/12 and Depakote			
	(used for seizu	ires and as a mood			
	stabilizer medi	cation) 125 milligrams			
	twice a day sir	nce 8/13/12. There was			
	no diagnosis f	or the use of the			
	Depakote.				
	 				
	The nurses no				
		sident states "someone			
	, ,	nylons. My daughter			
	_	pair and if this is			
		etting the hell out of			
		ssured resident she			
	•	ith staff about any			
	problems she	has on the unit			

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NAME OF PROVIDER OR SUPPLIER ST AUGUSTINE HOME FOR THE AGED (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Resident was satisfied with that information	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
NAME OF PROVIDER OR SUPPLIER STAUGUSTINE HOME FOR THE AGED (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (REGULATORY OR LSC IDENTIFYING INFORMATION) RESIDENT WAS satisfied with that information	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED		
ST AUGUSTINE HOME FOR THE AGED (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Resident was satisfied with that information" 9/19/12-"Resident took rings off this morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers			15E245	B. WING		07/29/2013		
ST AUGUSTINE HOME FOR THE AGED (X4) ID PREFIX TAG RESIDENTIFYING INFORMATION) Resident was satisfied with that information" 9/19/12-"Resident took rings off this morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers ID PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COORDING) (EACH OBSECTIVE ACTION SHOULD BE CORRECTION (EACH CORRECTION SHOULD BE CORRECTION SHOULD BE COMPLETION CHARLES TO AGE COMPLETION CHARLES TO AGE COMPLETION CHARLES TO AGE COMPLETION PROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLETION CHARLES TO AGE COMPLETION CHARLES TO AGE CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH CORRECTION SHOULD BE COMPLETED ACTION CHARLES TO AGE COMPLETION CHARLES TO A	NAME OF P	ROVIDER OR SUPPLIER						
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY DEFICIENC	OT 41101	IOTINE LIONE FOR	THE AGED					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Resident was satisfied with that information" 9/19/12-"Resident took rings off this morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers	ST AUGU	JSTINE HOME FOR	R THE AGED	INDIA	NAPOLIS, IN 46260			
Resident was satisfied with that information" 9/19/12-"Resident took rings off this morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers	` ′					` ′		
Resident was satisfied with that information" 9/19/12-"Resident took rings off this morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers		*			CROSS-REFERENCED TO THE APPROPRIA	TE		
information" 9/19/12-"Resident took rings off this morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers	TAG		*	TAG	DEFICIENCY)	DATE		
9/19/12-"Resident took rings off this morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers			satisfied with that					
morning and put them under pillow, told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers								
told certified nursing aide her daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers			•					
daughter had come to pick up rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers			-					
rings" 10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers			•					
10/5/12-"Resident states "someone took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers		-	come to pick up					
took my money and make-up. Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers		_						
Resident was putting on her makeup while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers								
while saying this. Staff has tried multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers		,	•					
multiple times this morning to reorient without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers		•	•					
without success" 4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers								
4/3/13- "Resident was not able to locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers		· · · · · · · · · · · · · · · · · · ·						
locate her glasses from 3/29/13 until her family found then(sic) wrapped in shelf paper in one of her drawers								
her family found then(sic) wrapped in shelf paper in one of her drawers								
shelf paper in one of her drawers		_						
		_						
vesterday. She daily takes glasses off		• •						
yesterday, She daily takes glasses off								
and puts them in various drawers,		and puts them	in various drawers,					
shoes or anywhere else she can think		•	here else she can think					
of"		of"						
4/29/13-"Missing her wristwatch and		4/29/13-"Miss	sing her wristwatch and					
she told me I could look in her room.		she told me I c	ould look in her room.					
Found it in the second drawer of her		Found it in the	second drawer of her					
chest"		chest"						
A psychoactive medication evaluation								
that the staff performed on 4/18/13,		that the staff pe	erformed on 4/18/13,					
indicated the resident received		indicated the re	esident received					
Seroquel 12.5 milligrams twice daily		Seroquel 12.5	milligrams twice daily					
for senile dementia with paranoia due		for senile deme	entia with paranoia due					
to her thinking people are taking her		to her thinking	people are taking her					
things. The number of episodes of		things. The nur	mber of episodes of					
behaviors per week was 1. The		behaviors per v	week was 1. The					
psychoactive evaluation dated		psychoactive e	valuation dated					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED
		15E245	B. WIN			07/29/2013
NAME OF P	PROVIDER OR SUPPLIEF	2			ADDRESS, CITY, STATE, ZIP CODE	
ST ALIGI	JSTINE HOME FOR	R THE AGED			86TH ST APOLIS, IN 46260	
					711 OE10, 114 40200	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
	7/12/13, indica	ated the resident is				
		el 12.5 milligrams twice				
	daily due to pa	ranoia of hiding things				
	and then stated	d others took them.				
	Episodes of be	ehaviors per week 1.				
	The psychiatric 11/20/12 indica	c assessment dated				
		'illogical at times, no				
	_	ns, no auditory or				
	visual hallucina	-				
		tionsdementia with				
	paranoiatrea	tment plan- started on				
	Seroquel 12.5	milligrams twice daily.				
	Will monitor sig	gns and symptoms and				
	· •	itor document to follow				
	episodes and b	pehaviors"				
	The psychiatris	sts progress notes				
		indicated, "staff				
	reported no iss	suesassessment				
	moderately bet	tterpsychotropic				
		viewed dosage				
		indicated at this				
		Nursing reported no				
	issuesAsses					
		otropic medications				
	indicated at thi	ge reductions not				
	indicated at thi	5 ume				
	There was a no	ote to the attending				
		ed 5/21/13 from the				
	pharmacy that	indicated, "This				
	resident has be	een on Seroquel 12.5				
	milligrams twic	e daily since 11/29/12.				

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	OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
ANDILAN	15E245	A. BUILDING	00	07/29/2013			
	102270	B. WING	DDDDGG GWW GF :	0172372010			
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
ST AUGI	JSTINE HOME FOR THE AGED	2345 W 86TH ST INDIANAPOLIS, IN 46260					
			I	075			
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION			
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)				
	Please evaluate the current dose and						
	consider a gradual taper to ensure						
	the resident is using the lowest						
	possible effective/optimal dose" The						
	physician marked an x by the box						
	indicating, "Patient has had good						
	response to treatment and requires						
	this dose for condition stability. Dose						
	reduction is contraindicated because						
	benefits outweighs risks for this						
	patient and a reduction is likely to						
	impair the resident's function and/or						
	cause psychiatric instability. (Please						
	elaborate with patient specific						
	information):" The physician						
	checked a box marked "disagree" and						
	wrote "Stable with current diagnosis."						
	In an interview on 7/26/13 at 9:30						
	A.M., the Assistant Director of						
	Nursing indicated the facility used to						
	keep a paper log for monitoring						
	behaviors. After switching to an						
	electronic health record system for						
	some of their documentation,						
	behaviors were documented in the						
	nursing progress notes, She						
	indicated she read through the notes,						
	but did not track or summarize the						
	types of behaviors displayed. She						
	was not sure who might be						
	responsible for that process, and the						
	facility did not have a program for						
	behavior management. She indicated						
	she had been working with the						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING COMPLETED				
		15E245	B. WIN	G		07/29/	2013
NAME OF D	PROVIDER OR SUPPLIER			STREET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER			2345 W	86TH ST		
ST AUGL	JSTINE HOME FOR	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	' '	GDR's for some					
		his resident was not					
	one of them.						
		with the Director of					
		5/13 at 1:15 P.M., she					
		inderstood from the					
		in Evansville the					
		ed Depakote for mood					
		A request was made at					
		y documentation					
		nosis of mood disorder					
	•	nedication, as well as					
		se reduction for					
	•	of exit conference on					
	7/29/13 at 2 P.						
	information had	d been provided					
	6. The record	for Resident #3 was					
	reviewed at 11	:30 A.M., on					
		agnoses included, but					
		d to, depression, high					
		e, Alzheimer's disease,					
	•	flammation of the					
	. • •	nd degenerative					
		lent #3's record					
	indicated the fo						
	medications cla	_					
		its were being given by					
	•	(citalopram) 30 mg					
		4 and Trazodone 25					
		e since 4/11/2013.					
	The Pharmacis	st medication regimen					

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E245	A. BUIL	DING	NSTRUCTION 00	(X3) DATE S COMPL 07/29/	ETED
NAME OF I	PROVIDER OR SUPPLIER		B. WING	STREET A	DDRESS, CITY, STATE, ZIP CODE 86TH ST		
ST AUG	JSTINE HOME FOR	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)	ATE	(X5) COMPLETION DATE
	recommendation reduce the dos Celexa from 30 because of the Inhibitor)Nexion receiving, may concentration of increased their Physician responded disagreed recommendation attempt of dose the record for	on. There was no e reduction found in his medication. view on 7/26/2013 at ADON indicated she nation verbally to the d followed the orders ation on the plan of ychiatrist or guidelines avior tracking and eduction was not the Psychiatrist.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPL	ETED
		15E245	B. WIN			07/29/	2013
			-	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	8			86TH ST		
ST AUGI	JSTINE HOME FOI	R THE AGED			APOLIS, IN 46260		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	6/27/2012 and	Remeron 15 mg at					
	bedtime since	5/9/2013.					
	The Pharmacis	st medication regimen					
		ident #32 dated					
		ommended to the					
	1	ose reduction on the					
		t Celexa to 20 mg per					
	1	macist indicated the					
		mmended dose for					
	l ·	than 60 years of age is					
	20 mg per day. The Psychiatrist						
	responded on	5/9/2013 and					
	disagreed with	the recommendation.					
	Resident #32's	Psychiatric Progress					
		1/2013, indicated					
		nad experienced					
	hypomania sed	•					
	antidepressant						
		t Depakote 125 mg					
	twice per day v	vas started.					
		rogress note dated					
	6/18/2013, indi	icated Resident #32					
	was doing bett	er but complaining of					
		st of the afternoon.					
		essant Celexa was					
	increased to 40						
	During an inter	view on 7/24/2013 at					
	•						
	· ·	th the Social Service					
	•	ndicated the DON					
	l '	rsing) monitors the					
	residents with	behavior problems and					

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Event ID: VVY211 Facility ID: 000389

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	TOF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER: 15E245	(X2) MULTIPLE CC A. BUILDING B. WING	00	(X3) DATE S COMPLI 07/29/2	ETED
	PROVIDER OR SUPPLIER JSTINE HOME FOR THE AGED	2345 W	ADDRESS, CITY, STATE, ZIP COD 1/86TH ST APOLIS, IN 46260	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	.D BE	(X5) COMPLETION DATE
TAG	is working on a better behavior monitoring documentation. The ADON(Assistant Director of Nursing) works with the Psychiatrist on the psychiatric medications being given. During an interview on 7/26/2013 at 9:30 A.M., the ADON indicated she provided information verbally to the Psychiatrist and followed the orders given. Clarification on the plan of care by the Psychiatrist or guidelines regarding behavior tracking and gradual dose reduction was not discussed with the Psychiatrist. 3.1- 48 (a) (1) 3.1- 48 (a) (2) 3.1- 48 (a) (3) 3.1- 48 (a) (4)	TAG	DEFICIENCY		DATE
	I				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2013 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER: 15E245	A. BUILDING B. WING	00	COM 07/2	PLETED 29/2013	
	ROVIDER OR SUPPLIEI		STREET ADDRESS, CITY, STATE, ZIP CODE 2345 W 86TH ST INDIANAPOLIS, IN 46260				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00			(X3) DATE SURVEY COMPLETED			
15E245		A. BUILDIN B. WING	NG		07/29/	2013		
				TREET A	DDRESS, CITY, STATE, ZIP CODE			
NAME OF P	ROVIDER OR SUPPLIER				86TH ST			
ST AUGUSTINE HOME FOR THE AGED			INDIANAPOLIS, IN 46260					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		II		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX			PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION	
TAG		LSC IDENTIFYING INFORMATION)	TA	AG	DEFICIENCY)		DATE	
F000428 SS=D	483.60(c) DRUG REGIMEN IRREGULAR, AC	I REVIEW, REPORT						
	The drug regimer	n of each resident must be once a month by a						
		e attending physician, and rsing, and these reports						
	Based on inter	view and record	F00042	28	For resident #1 and #23 they h	nad	08/28/2013	
	review, the faci	lity failed to ensure the			the appropriate blood work			
	pharmacy cons	sultant was reporting			drawn. #23 the Depakote level was low and Doctor felt this is			
	irregularities, re	elated to			what it should be to control mo	od		
	recommendation	ons for laboratory blood			swings. A policy covering	,ou		
	tests, for 2 of 1	0 residents reviewed			appropriate laboratory studies	for		
	for Unnecessal	ry Medication Use.			medication was made and a co	ору		
	(Residents #1	and #23)			is being faxed to you office.			
	Findings include:				When we have a new admission this will be part of the protocol to assure that medication will be			
					followed properly. This also go			
		record for Resident #1			for when a Doctor orders a new medication he will be requeste			
	was reviewed of	on 7/24/13 at 1:36 P.M.			to give us the frequency in whi			
	_	uded, but were not			he wants the labs. done The			
	limited to, unco	emplicated senile			ADON has reviewed all reside	nts		
		ertension, emphysema,			medical records and obtained			
	chronic obstruc	ctive pulmonary			orders for appropriate laborato tests. She also obtained	ory		
	disease, and a	nxiety state.			diagnosis for medications that			
					were ordered. When the nurs			
	On 9/27/12, the	e physician gave an			do the the rewrites they will be			
	order for Furos	emide (Lasixa			sure that the lab orders are			
	diuretic used fo	or edema associated			current. The head pharmacist			
	with congestive	e heart failure or			was notified of the need for the consultant to check for lab test			
	hypertension) 4	10 mg. one by mouth			pertaining to medication. We			
	twice a day, for	a total daily dose of			have been informed that we w	ill		
	80 mg.				have a new consultant			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3)			X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	a. building 00		00	COMPLETED	
15E245		B. WING 07/29/2013			07/29/2013		
			D. WIIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER						
OT ALIOI	IOTINE LIONE FOR	THE AGED			86TH ST		
STAUGU	JSTINE HOME FOR	R THE AGED		INDIAN	APOLIS, IN 46260		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE	
TAG	The "Drug Information Nursing," 8th Expeople who read should be monand electrolyte including period Urea Nitrogen) electrolyte laboratory tests to check lectrolytes was a Documentation pharmacist had resident's clinic basis. Recommon pharmacist to had laboratory test. A BMP (Basic Idone 1/19/13. In an interview A.M., R.N. #3 in have to look at (to check for la Lasix). She inconversely harmacist would since "they harmacist" where the same incomplete including period including period including period incomplete including period inc	rmation Handbook for adition, 2007 indicated beived this medication itored for renal function disturbances, dic routine BUN (Blood oratory blood tests. Utine laboratory blood kidney function or sonot found. In indicated a consultant direviewed the cal record on a monthly mendations from the nave a routine done was not found. Metabolic Panel) was on 7/25/13 at 9:17 indicated she would the resident's orders be to monitor for dicated the Director of sistant Director of know more about that,		TAG	pharmacist as of August 28th, 2013. When the nurses do the rewrites they have a protocol sheet to follow to assure that needed labs are ordered. The medical department will check records for labs that are needed monthly for three months and they will keep an audit book reflecting this. The protocol shwill be faxed to you. At the nurses meeting on August 13t 2013 this [protocol was review with all the nurses and for those unable to attend a type copy of the notes was given to them. Also a copy of the notes will be faxed to your office. This will be brought up at the QAA meeting on August 29th, 2013 to get the approval or any corrections that they feel is needed in the police.	the ed h, ed he ed	
	A.M., the Direc						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E245		A. BUI	LDING	NSTRUCTION 00	(X3) DATE COMPI 07/29	ETED	
		130243	B. WIN	_	DDDEGG CITY OT TE ZID CODE	01129	2013
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE 86TH ST		
ST AUGUSTINE HOME FOR THE AGED					APOLIS, IN 46260		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	ICY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETION DATE
1110	indicated routin	, , , , , , , , , , , , , , , , , , ,		1110)
		not come through on					
	the re-writes, a	and she would have to					
	review the chart.						
	In an interview	on 7/25/13 at 12:30					
	P.M., the Direct						
	· ·	nad reviewed the					
	resident's reco	rd back to admission					
	date. The resid	dent never had a					
	,	duled lab to monitor for					
		test done in January,					
		sponse to a change in					
	•	osage. She had no					
		harmacy consultant sted or recommended					
	•	ain a physician order for					
	a routine labora						
		•					
	2 The record r	review for Resident #23					
		I on 7/24/13 at 10 A.M.					
	·	uded, but were not					
	-	blood pressure,					
	hypothyroidism	n, congenital heart					
	anomaly, senil						
		, Coronary bypass					
	surgery, venou						
	osteoporosis,	and cardiac murmur.					
	The physician's	s orders for July 2013					
	indicated the re	esident had an order					
		used for seizures and					
		oilizer medication) 125					
	milligrams twic	e a day since 8/13/12.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E245		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING (00) (COMPLETED (07/29/2013))			ETED			
		.0_2.10	B. WING	EET AD	DDRESS, CITY, STATE, ZIP CODE	017207		
NAME OF F	PROVIDER OR SUPPLIER							
	JSTINE HOME FOR	R THE AGED	2345 W 86TH ST INDIANAPOLIS, IN 46260					
(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)	
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL I SC IDENTIFYING INFORMATION)	PREF		CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION DATE	
TAG	The labs were through 7/25/13 Depakote (Valponal In an interview 7/25/13 at 9:45 the recapitulation physicians documere ordered. In an interview ordered and the order of the labs indicated no Valproic Acid labs. The Medication pharmacy performed was no commedication of Endication	with the Director of 5/13 at 1 P.M., she alproic Acid levels were admission on 8/23/12. Ited there were no labs admission paperwork. In Regimen Reviews the brined monthly were 9/10/12 to 7/25/13. Idocumentation for the Depakote or Valproic	TAC		DEFICIENCY)		DATE	

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		(X2) MULTIPLE CO		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	00	COMPLETED	
15E245			B. WING		07/29/2013
NAME OF P	ROVIDER OR SUPPLIEI	3	STREET	ADDRESS, CITY, STATE, ZIP CODE	
				/ 86TH ST	
ST AUGU	JSTINE HOME FO	R THE AGED	INDIAN	IAPOLIS, IN 46260	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
	•	fication of irregularities			
	may occur by t	the consultant			
	pharmacist"				
	4. The 2010 N	ursing Spectrum Drug			
		cated on ,"page			
	1217Boxed \	warninghepatic failure			
	_	ath has occurred in			
	patients receiv	ing			
	Depakoteinc	idence of fatal			
	hepatotoxicity	decreases considerably			
	in progressivel	y older patientspage			
	1219patient	monitoringMonitor			
	valproic acid b	lood level"			
	3.1-25(i)				
			I	1	1

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: VVY211

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